

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/576659

FILING DATE

APPLICANT(S)

1st Pre-Amend 2nd Pre-Amend CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1				
3		1				
4		1				
5		4				
6	1					
7	1					
8		2				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23	1					
24	1					
25	1					
26		①				
27						1
28						
29						1
30						
31					1	
32						
33						1
34						
35						1
36						
37						1
38						1
39						1
40						1
41						1
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	6	↓	1	↓	2	↓
TOTAL DEP.	23	←	0	←	13	←
TOTAL CLAIMS	29		1		15	

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						